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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint:



Practitioners associated with the Customer Number:

25885

OR



Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

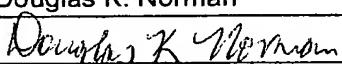
Assignee Name and Address:

Eli Lilly and Company
Patent Division
PO Box 6288
Indianapolis, Indiana 46206-6288

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Name	Douglas K. Norman		
Signature		Date	10 August 2004
Title	Deputy General Counsel, General Patent Counsel	Telephone	317-433-1651

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Declaration Submitted with Initial Filing
 Declaration Submitted after Initial Filing

Attorney Docket Number	X-16327
First Named Inventor	Traci Jo Barron
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

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FIXED DOSE MEDICATION DISPENSING DEVICE

the specification of which

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OR

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Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional applications(s) listed below.

Application Number(s) 60/511,735	Filing Date (MM/DD/YYYY) 10/16/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

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Lynn D. Apelgren	45,341
Robert A. Armitage	27,417
Brian P. Barrett	39,597
Michael T. Bates	34,121
Roger S. Benjamin	27,025
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Frands O. Ghah	44,712
Amy E. Hamilton	33,894
Danica Hostettler	51,820
Thomas E. Jackson	33,064
Soonhee Jang	44,802
Gerald P. Kelleher	43,707
James J. Kelley	41,888

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Neilson L. Lenz	38,537
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Douglas K. Norman	33,267
Arleen Palmberg	40,422
Thomas G. Plant	35,784
Edward Prein	37,212
Grant E. Reed	41,264
David M. Stemerick	40,187
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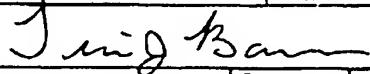
Additional registered practitioner(s) named on a supplemental sheet attached hereto.

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Name	ELI LILLY AND COMPANY				
Address	ATTN: Edward J. Prein				
Address	Patent Division, P.O. Box 6288				
City	INDIANAPOLIS	State	INDIANA	ZIP	46206-6288
Country	US	Telephone	(317) 433-9371	Fax	(317) 276-3861

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A Petition has been filed for this unsigned inventor

Given Name	Traci	Middle Name	Jo	Family Name	Barron	Suffix e.g. Jr.	
Inventor's Signature					Date	11/29/04	

Residence: City **Chicago** State **IL** Country **US** Citizenship **US**

Address **1621 West North Avenue Unit 3W**

Post Office Address **SAME AS ABOVE**

City **Chicago** State **IL** Zip **60622** Country **US**

Additional inventors are being named on supplement sheet(s) attached hereto.

Please type a plus sign (+) inside this box

PTO/SB/01 (8-96) (MODIFIED)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor						
Given Name	Andrew	Middle Name	Christopher	Family Name	Burroughs		Suffix e.g. Jr.	
Inventor's Signature						Date		
Residence: City	Kenosha	State	WI	Country	US	Citizenship	US	
Address	7404 7 th Avenue							
Post Office Address	SAME AS ABOVE							
City	Kenosha	State	WI	Zip	53143	Country	US	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned Inventor						
Given Name	David	Middle Name	William	Family Name	Hixson		Suffix e.g. Jr.	
Inventor's Signature						Date		
Residence: City	Longmont	State	CO	Country	US	Citizenship	US	
Address	2358 Eagleview Circle							
Post Office Address	SAME AS ABOVE							
City	Longmont	State	CO	Zip	80504	Country	US	

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Given Name	Traci	Middle Name	Jo	Family Name	Barron	Suffix e.g. Jr.	
------------	-------	-------------	----	-------------	--------	-----------------	--

Inventor's Signature Date

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PTO/SB/01 (8-96) (MODIFIED)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Given Name	David		Middle Name	William	Family Name	Hixson	Suffix e.g. Jr.	
Inventor's Signature							Date	15 Nov 2004
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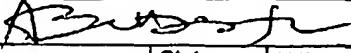
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